PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10778 oll

CLAIMS AS FILED - PART I											NTITY		OTHER	RTHAN	
					(Column 1)		(Colu	olumn 2)		TYPE [OR		ENTITY	
TOTAL CLAIMS					21				ŀ	RATE	FEE	7	RATE	FEE	
FOR					NUMBER FILED		NUME	BER EXTRA		BASIC FE	B 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS					21 minus 20=		•	J		X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS					/ minus 3 = *		*			X43=		OR	X86=		
M	JLTIPLE	DEPE	NDENT C	LAIM P	RESENT .]	+145=		OR.	+290=	-	
* 11	f the diff	erence	in colun	nn 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	788		
	CLAIMS AS AMENDED - PA						PART II Column 2) (Column 3)			SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
AMENDMENT A			CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		. 2	0	Minus	** 0	21_	=		X\$ 9=		OR	X\$18=	7	
	Independent		MITATION	OF MI	Minus	PENIDENIT	3		4 [X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+145=		OR	+290=		
						L	TOTAL		OR	TOTAL ADDIT, FEE	,				
(Column 1) (Column 2) (Column 3)															
AMENDMENT B			CLAII REMAII AFTE AMENDI	NING ER		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	T tal		•		Minus	**.		= '		X\$ 9=		OR	X\$18=		
	Independent FIRST PRESEN		*	OF MI	Minus	ENDENT	CI AINA	=	1	X43=		OR	X86=		
	1111011	TILOL	· · · · · · · · · · · · · · · · · · ·	01 1110	CHI CE OE	LIVELIVI	CLANVI		, [+145=		OR	+290=		
									Ai	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
(Column 1) (Column 2) (Column 3)															
AMENDMENT C			CLAIN REMAIN AFTE AMENDI	IING R		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		*		Minus	**		=		X\$ 9=		OR	X\$18=		
			*		Minus	***		=	丨卜	X43=			X86=		
	FIRST	RESE	NOITATI	OF MU	LTIPLE DEF	-			OR						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."															
<u>-</u>	he *Highe	iesi Numi Ist Numi	ner Previou	sly Paid	For (Total or	SPACE IS Independer	ress than nt) is the l	i 3, enter "3." highest number			ropriate box				